P09000047218

(Red	questor's Name)			
(Add	dress)			
. (Add	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
-				

Office Use Only



600163778426

12/21/09--01010--007 **35.00 :

SECRETARY OF STATE ALLAHASSEE, FLORIOA

APPROVE



COVER LETTER

TO:	Amendment S Division of Co	ection orporations			
SUB	IECT:	Arkum Enter	prises Inc. Corporation		
DOC	UMENT NUMI	BER: POS	9000047218		
The e	nclosed Stateme	nt of Change of Registered Offi	ce/Agent and fee are subm	itted for filing.	
Pleas	e return all corre	spondence concerning this matt	er to the following:		
		Johnn Name of C	y Garey ontact Person		
		Name of C	omact reison		
Arkum Enterprises Inc.					
	_	Firm/C	Company		
		PO Br	ox 21022		
	_		dress		
	_	Tampa, City/State	FL 33622 and Zip Code	<u></u>	
arkum88@yahoo.com					
	E-	mail address: (to be used for	future annual report not	ification)	
For fi	urther informatio	n concerning this matter, please	call:		
		ohnny Garey	at (813) Area Code & Day	994-6440	
	Name	of Contact Person	Area Code & Day	time Telephone Number	
Enclo	osed is a \$35.00 c	check made payable to the Depa	urtment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ing ve Center Circle	

TO:

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Arkum Enterprises Inc.
2. The principal office address: 1787 South Pinellas Avenue, Suite 400
Tarpon Springs, FL 34689
3. The mailing address (if different): PO Box 21022 Tampa, FL 33622
4. Date of incorporation/qualification: 5/29/2009 Document number: P09000047218
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Andriotis Law Firm, PA
1787 South Pinellas Avenue, Suite 400
Tarpon Springs, FL 34689 6. The name and street address of the new registered agent (if changed) and /or registered office
Tarpon Springs, FL 34689 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Johnny Garey 4209 W. Gray Street, Unit 7 P.O. Box NOT acceptable
Johnny Garey
4209 W. Gray Street, Unit 7
Tampa, FL 33609
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer of director Johnny Garey, President Printed or typed frame and title
l hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
12/16/2009
Signature of Registerell Agent Date If signing on behalf of an entity:
or comment of an order.
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *